



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/11/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing	
	PHONE (A/C. No., Ext): 1-800-444-4487	FAX (A/C. No.):
	E-MAIL ADDRESS: progressivecommercial@email.progressive.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Progressive County Mutual Insurance Company	29203
	INSURER B :	
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		
INSURED		
Mark E Rice DBA: M & S Transport 752 N MAIN ST, UNIT 1418 MANSFIELD, TX 76063		

COVERAGES		CERTIFICATE NUMBER: 356549626943461608D091123T180623		REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						EACH OCCURRENCE \$	
							DAMAGE TO RENTED PREMISES (EA occurrence) \$	
							MED EXP (Any one person) \$	
							PERSONAL & ADV INJURY \$	
							GENERAL AGGREGATE \$	
							PRODUCTS - COMP/OP AGG \$	
							OTHER: \$	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC							
	AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (EA accident) \$	
							BODILY INJURY (Per person) \$	
							BODILY INJURY (Per accident) \$	
							PROPERTY DAMAGE (Per accident) \$	
							\$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$	
							AGGREGATE \$	
	DED RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N / A				PER STATUTE \$	OTH- \$
							E.L. EACH ACCIDENT \$	
							E.L. DISEASE - EA EMPLOYEE \$	
							E.L. DISEASE - POLICY LIMIT \$	
A	See ACORD 101 for additional coverage details.	N	N	972215439	08/10/2023	08/10/2024	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION	
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
RV DEPO 4319 N MAIN ST CLEBURNE, TX 76033	AUTHORIZED REPRESENTATIVE	

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Progressive Insurance		NAMED INSURED Mark E Rice DBA: M & S Transport 752 N MAIN ST, UNIT 1418 MANSFIELD, TX 76063	
POLICY NUMBER			
CARRIER Progressive County Mutual Insurance Company	NAIC CODE 29203	EFFECTIVE DATE:	

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance****Description of Location/Vehicles/Special Items****Scheduled autos only**

2014 PETERBILT 388 1NPWD49X9ED241621

Stated Amount \$40,000

Comprehensive \$500 Ded  
Collision \$500 Ded

2014 Cottrell Trailer 5E0AA1443EG560002

Stated Amount \$25,000

Comprehensive \$500 Ded  
Collision \$500 Ded

2014 PETERBILT 388 1NPWD49X4ED241610

Stated Amount \$32,000

Comprehensive \$500 Ded  
Collision \$500 Ded

2014 COTTRELL Trailer 5E0AA1440EG540001

Stated Amount \$16,000

Comprehensive \$500 Ded  
Collision \$500 Ded

2010 PETERBILT 388 1NPWD49X6AD101679

Stated Amount \$20,000

Comprehensive \$500 Ded  
Collision \$500 Ded

2010 COTRELL Trailer 5E0AA1441AG303415

Stated Amount \$15,000

Comprehensive \$500 Ded  
Collision \$500 Ded

Liability coverage may not apply to all scheduled vehicles.

**Additional Information**

RV Depo is the lienholder and loss payee.